

January 1, 2004

Montana Medicaid Notice

Commercial and Specialized Non-Emergency Transportation Providers

Procedure Code Changes

Effective codes for January 1, 2004 dates of service:

Code	Description	Use	Reimbursement	Prior Authorization
Commercial Transportation – Taxicab				
A0100 (new)	Non-emergency transportation	Taxi over 16 miles	\$.67 per mile	Y
A0140	Non-emergency transportation	Taxi under 16 miles	\$10.57 – one way flat fee	Y
Specialized Non-Emergency Transportation – Wheelchair Van				
A0100 (new)	Non-emergency transportation	Wheelchair van over 16 miles	\$.67 per mile	Y
A0130	Non-emergency transportation	Wheelchair van under 16 miles	\$10.57 – one way flat fee	Y

Discontinued Codes

The following Z codes are not valid after 12/31/03 dates of service:

- Z0008 Transportation over 16 miles – taxicab per mile
- Z0011 Ground Transportation over 16 miles – specialized per mile

Both “Z” codes are replaced by A0100 as shown in the above table. As of December 31, 2003, in accordance with HIPAA, Medicaid cannot utilize local “Z” codes (codes that are not nationally used, i.e. found in the CPT or HCPCs books).

Contact Information

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958